



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GARY COLLINS
AUTO BROKERS COMPANY
182 WASHINGTON ST
SOMERVILLE, MA 02143**

License #: 20

Fee: 550.00

Account ID: 23

Reference #: 20

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For AUTO BROKERS COMPANY Business Location: 182 WASHINGTON ST Business Phone: 617-625-5969	
License Holder: GARY COLLINS AUTO BROKERS COMPANY 182 WASHINGTON ST SOMERVILLE, MA 02143 617-625-5969	
Mailing Address: GARY COLLINS 182 WASHINGTON ST SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - GARY COLLINS	
FID: 043429814	
Food Manager/Emergency Contact: SAM LALLEMAND 617-953-8515	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

26 VEHICLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Gary Collins*

Date: 12-12-12

Print Name: Gary Collins

Phone: 617 901 9091

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: AUTO BROKERS COMPANY
Somerville Address and Zip Code: 162 Washington Street • Somerville, MA 02143
Phone Number of the Business: _____

The Legal Name of the License Holder: Gary J Collins
Street Address of the License Holder: 1515 Thompson St. N Andover 01845
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: 6617 901 9091 H 978 686-3678

Where We Should Send Mail: Name: AUTO BROKERS COMPANY
Street Address: 162 Washington Street • Somerville, MA 02143
City, State and Zip Code: _____

Federal ID # (Do Not Give a Social Security #): 043429814

Emergency Contact and his/her Phone Number: Sam Lallernand 617 953 8515

Type of Business (Check Only One and Print the Names Indicated):
☒ Sole Proprietor: Name of Owner: Gary J Collins
☐ Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
☐ Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
☐ Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
☐ LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Gary J Collins Date 12-12-12



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: Gary J Collins
BUSINESS LOCATION: 182 Washington St AND/OR Somerville MA
TAXPAYER'S HOME ADDRESS: 978 686 3678
TAXPAYER/APPLICANT PHONE: DAY: 617 961 9091 EVENING: 0 - 617 625 5969
BUSINESS NAME: Auto Broker Company
BUSINESS ID NUMBER: 032429017 BUSINESS PHONE: _____

I (print name) Gary J Collins, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____,
20____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID 1301 **WATER/SEWER ID 119016011 **PERSONAL PROPERTY 1301 **OTHER _____

NOTES: 15571

CLERKS INITIALS: LR BUSINESS or BUILDING PERMIT ORIGINAL STAMP



RECEIVED

Burrows
1-8-13

311
SOMERVILLE

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Gary J Collins
Address: 182 Washington St.
City: Somerville State: MA Zip: 02145 Phone #: 617 901 9091

- ☐ I am an employer with 1 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☒ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Gary J Collins Date: 12-12-12
Print Name: Gary J Collins

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____